

# Youth Pheasant Hunt 2016

**Salmon River Strutters Chapter, NWTF  
Oswego County Federation of Sportsmen's Clubs  
Onondaga County Federation of Sportsmen's Clubs**

**October 1<sup>st</sup> and 2<sup>nd</sup>**

Saturday 8 am and Noon hunts, Sunday 8 am only  
You may sign up for either the morning or afternoon hunt  
Free lunch for pre-registered youth hunters



232 Blumer Road, Penneville, New York

- Hunters must be 12 – 15 years old and hold a 2016-2017 NYS hunting license
- 12 & 13 year olds must be accompanied by parent or legal guardian
- 14 & 15 year olds must be accompanied by parent, legal guardian or responsible adult at least 21 years old

Contact Rick McDermott for additional information or to register  
Phone (315) 882-1540 Email: [tughillmcd@yahoo.com](mailto:tughillmcd@yahoo.com)

All attached application forms need to be returned Email, Fax (315-349-3089) or mail  
To Rick McDermott 491 Albion Cross Rd Pulaski, NY 13142 to be registered

# Youth Pheasant Hunt Application

Hunt Preferences (please number) Sat AM \_\_\_ Sat PM \_\_\_ Sun AM \_\_\_

Name \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_ / \_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_

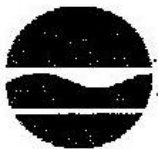
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Email \_\_\_\_\_

Hunting License ID # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Back Tag #)

Parent/ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



New York State Department of Environmental Conservation

## Mentored Youth Hunter and Trapper Permission Form

*Use this form to designate a licensed adult hunter or trapper to accompany young hunters or trappers.*

I, \_\_\_\_\_ am the parent or legal guardian  
(Print name of parent or legal guardian above.) (Circle one above.)

of \_\_\_\_\_, and I hereby give permission for him or her  
(Print name of young hunter/trapper above.)

to be accompanied by \_\_\_\_\_ whom I acknowledge meets  
(Print name of adult hunter/trapper above.)

the legal age, experience, and licensing requirements to function as a mentor during hunting and trapping seasons.

Signature: \_\_\_\_\_ Date \_\_\_\_\_ Telephone Number \_\_\_\_\_  
(Parent or legal guardian sign above.) (Print today's date above.) (Phone number above.)

*Attention Young Hunter or Trapper. Carry this form with you while afield.*

Please fill out mentor form, leaving the mentor's name blank. We will fill that in on the day of the hunt

# 2016 Youth Hunt Waiver

I understand that hunting is a sport involving firearms. Firearms mishandled can be dangerous. Further, I understand that it is incumbent upon me to use the utmost care in the exercise of hunting safety and firearms safety. I intend to do so and realize that I have an affirmative duty to do so.

I further realize that all those that participate in the hunt are volunteers striving to give a quality outdoor experience. This participation by the referenced individuals will include travel to certain hunting areas. It also includes hunting with dogs. I understand that I will conduct myself in a manner so as to be safe around all the individuals mentioned and their dogs.

Further, I hereby waive all right to claim, cause of action, right to litigation of any kind, whatsoever, originating from the Youth Pheasant Hunt, or volunteers assisting with said hunt.

I realize it is a privilege to participate in the Youth Pheasant Hunt and accordingly, I will conduct myself in a safe manner consistent with all affirmative duties which I have heretofore recognized.

Participant (Print) \_\_\_\_\_

Participant Signature\_\_\_\_\_

Parent or Guardian (Print)\_\_\_\_\_

Parent or Guardian Signature\_\_\_\_\_

Date \_\_\_\_\_

Hunt Date (Check One): \_\_\_ Oct 1<sup>st</sup> AM      \_\_\_ Oct 1<sup>st</sup> PM      \_\_\_ Oct 2<sup>nd</sup> AM

Hunt Location: 232 Blumer Rd

SALMON RIVER STRUTTERS

(Chapter Name)

# Porter Wagoner/JAKES® Conservation Field Days Event

## Registration/Release Form

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St.: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent or Legal Guardian's Name: \_\_\_\_\_

Phone Number of Parent or Legal Guardian: \_\_\_\_\_

Parent or Legal Guardian Attending - Circle yes or no:                      Yes                      No

## Release of Liability & Photo Release

As parent or legal guardian of the child listed above, I certify that said child has my permission to attend and participate in all activities on 10/01 & 10/02, at 232 Blumer rd\_, sponsored by the Salmon River Strutters Chapter, of the National Wild Turkey Federation. By signing this form, I hereby waive and release all other participants, the host(s), sponsors and all other officials or parties involved in the event from all claims and/or damage incurred in connection with this event. I also hereby grant the sponsor and co-sponsors the unconditional right to use the name, voice, and photographic likeness of the above said child, in connection with any of the articles, press releases, and audio/video productions.

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date

